

**HOME AND COMMUNITY BASED CARE WAIVERS:  
TECHNOLOGY ASSISTED WAIVER**

**DESCRIPTION**

In-home care is offered as an alternative to institutional placement for recipients who are dependent upon technological support and require substantial, ongoing nursing care. If the individual is under age 21, it must be determined that s/he would otherwise require hospitalization. If over age 21, the individual must be eligible for a specialized nursing facility bed or other comparable institutional setting prior to admission to the waiver. Private duty nursing, personal assistance and respite care services are provided. To receive waiver services, the provision of home and community-based care must be determined to be a medically appropriate and cost-effective alternative to hospital care or specialized nursing facility care. Preauthorization is by DMAS. Individuals may not receive services under any other home and community based waiver while receiving services under this waiver. The waiver year runs from July 1st through June 30th.

For adults (21 yrs. and older) a preadmission screening team completes a pre-assessment and a DMAS employee completes a home visit in order to authorize services.

**WAIVER INFORMATION<sup>1</sup>**

Service	Effective Date	Covered Services	Excluded Services	Current Rates	
				NOVA	ROS
<b>Private Duty Nursing</b>	December 1988	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse for up to 24 hours/day the first month of service and up to 16 hours/day thereafter as authorized.	Limited only by medical necessity and cost effectiveness.	<u>RN</u> : \$30.00/hr <u>LPN</u> : \$26.00/hr  <u>Congregate RN</u> : \$20.00/hour <u>Congregate LPN</u> : \$18.00/hour	<u>RN</u> : \$24.70/hr <u>LPN</u> : \$21.45/hr  <u>Congregate RN</u> : \$17.35/hour <u>Congregate LPN</u> : \$15.73/hour
<b>Personal Care</b>	July 1995	Reimbursement for non-skilled service for individuals over the age of 21.		<u>Aide</u> : \$14.05/hour  <u>Respiratory Therapist</u> : \$19.09/hour  <u>Congregate Aide</u> : \$10.97/hour	<u>Aide</u> : \$11.93/hour  <u>Respiratory Therapist</u> : \$15.91/hour  <u>Congregate Aide</u> : \$9.60/hour
<b>Respite Care</b>	December 1988	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse as respite for up to 15 days or 360 hours per calendar year.		<u>Aide</u> : \$14.05/hour <u>RN</u> : \$30.00/hour <u>LPN</u> : \$26.00/hour  <u>Congregate Aide</u> : \$10.87/hour <u>Congregate RN</u> : \$20.00/hour <u>Congregate LPN</u> : \$18.00/hour	<u>Aide</u> : \$11.93/hour <u>RN</u> : \$24.70/hour <u>LPN</u> : \$21.45/hour  <u>Congregate Aide</u> : \$9.50/hour <u>Congregate RN</u> : \$17.35/hour <u>Congregate LPN</u> : \$15.73/hour
<b>Environmental Modifications</b>	July 1995	Reimbursement for physical adaptations to a house, or place of residence.	Pertains only to the physical structure of the residence.	Limited to \$5,000 per calendar year per individual.	
<b>Assistive Technology</b>	December 2001	Equipment, devices, and supplies that aid the recipient in communicating, and are necessary to maintain the recipient at home.		Limited to \$5,000 per calendar year per individual.	

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**HOME AND COMMUNITY BASED CARE WAIVERS:  
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**RECIPIENT AND PAYMENT DATA<sup>2,3</sup>**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
<b>Private Duty Nursing</b>										
Number of Recipients							337	339	362	379
Payments	\$17,999,193	\$13,014,747	\$14,319,020	\$15,490,479	\$16,996,050	\$17,467,356	\$19,754,200	\$19,060,002	\$23,442,247	\$24,532,928
Cost per Recipient							\$58,618	\$56,224	\$64,758	\$64,731
<b>Personal Care</b>										
Number of Recipients							6	7	6	7
Payments							\$8,899	\$35,020	\$60,650	\$60,381
Cost per Recipient							\$1,483	\$5,003	\$10,108	\$8,626
<b>Respite Care</b>										
Number of Recipients							177	186	211	208
Payments	\$1,022,375	\$364,695	\$415,809	\$393,852	\$409,954	\$381,831	\$502,356	\$527,815	\$570,186	\$626,066
Cost per Recipient							\$2,838	\$2,838	\$2,702	\$3,010
<b>Environmental Modifications</b>										
Number of Recipients							3	5	15	20
Payments							\$3,610	\$22,004	\$47,575	\$99,573
Cost per Recipient							\$1,203	\$4,401	\$3,172	\$4,979
<b>Assistive Technology</b>										
Number of Recipients							0	1	5	8
Payments							\$0	\$3,220	\$16,039	\$19,192
Cost per Recipient							\$0	\$3,220	\$3,208	\$2,399
<b>TOTAL SERVICES</b>										
Number of Unduplicated Recipients	160	210	233	247	280	308	337	340	363	295
Payments	\$19,021,568	\$13,379,442	\$14,734,829	\$15,884,331	\$17,406,004	\$17,849,187	\$20,269,065	\$19,648,061	\$24,136,697	\$25,338,140
Cost per Recipient	\$118,885	\$63,712	\$63,240	\$64,309	\$62,164	\$57,952	\$60,146	\$57,788	\$66,492	\$85,892

Notes:

(1) Technology Assisted Waiver Services Manual.

(2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll database, and claims summary information from off-line payments.

(3) Prior to July 1, 1997, the waiver year ended on November 30th of each year. Starting on July 1, 1997, it runs from July 1st through June 30th. The amounts shown for 1997 represent a transition year, with 19 months included (December 1, 1995 - June 30, 1997)

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